



State of Montana
Secretary of State
Records Management Bureau

RECORDS DISPOSAL REQUEST

FORM CODE

RM 5

AGENCY CODE

DATE

PAGE NUMBER

OF

1. Submit white, yellow and pink copies to Records Management Bureau; retain goldenrod copy in agency file.
2. Approved copy will be forwarded to agency by Records Management Bureau.
3. Until schedule numbers are assigned, leave blank; item numbers should be listed consecutively.
4. Use Form RM 5.1 for continuation.

I certify that the record described in this request are not required for the current operation of this agency and are not required to be retained by any statute or schedule of records retention. These records are not subject to further examination by any governmental agency, and any records subject to pending litigation will not be destroyed unless such records have been microfilmed.

SUBMITTED BY	AGENCY	
	PROGRAM	
	AUTHORIZED SIGNATURE	
	PREPARED BY	
	DISPOSAL METHOD	

SIGNATURES

DATE

FOR THE
LEGISLATIVE AUDITOR

FOR THE
ATTORNEY GENERAL

FOR THE DIRECTOR
HISTORICAL SOCIETY

FOR THE DIRECTOR
DEPT. OF ADMINISTRATION

FOR THE
SECRETARY OF STATE

ITEM NO.	SCHEDULE REFERENCE	DATES (Mo./Yr.) From - To	CU. FT.	Description of Records	Disapproval*				
					LA	AG	HS	DA	SS

RECORDS DISPOSAL REQUEST (Continuation Sheet)	FORM CODE		RM 5.1	
	AGENCY CODE			
	DATE			
	PAGE NUMBER			OF

Instructions: Submit white, yellow and pink copies to Records Management; retain goldenrod copy in agency file.

Item No.	Schedule Reference	Dates (Mo./Yr.) From-To	Cu. Ft.	DESCRIPTION OF RECORDS	Disapproval *				
					LA	AG	HS	DA	SS